## MENTAL HEALTH TRUST FUND INSTRUCTIONS

## Instructions for the 2011-12 Third Quarter Report.

- Reports must be returned by September 17, 2012, to the State Controller's Office, Division of Accounting and Reporting, Local Apportionments Section, P.O. Box 942850, Sacramento, CA 94250.
- Reports are to be signed by the Director of Mental Health and the County/City Auditor-Controller.
- Report 2011-12 third quarter deposits made January through March 2012.
- ♦ Refer to the remittance advice received with your payments and reconcile with the payment amounts available on the State Controller's Office Website, WWW.SCO.CA.GOV. Call John Bodolay @ 916-323-2154 for help.
- ♦ Do not enter amounts in gray areas.

### **Deposits**

•	Do not enter amounts in gray areas.					
1.		les Tax Allocation W & I Code Sec. 17601	In the columns titled "January", "February", and "March", enter the total amounts deposited January 27, February 27, and March 27, 2012, respectively.			
	b.	Less: State Hospital Offset W & I Code Sec. 17601	In the columns titled "January", "February", and "March", enter the State Hospital Service contract offset amounts from January through March 2012, respectively.			
	C.	Less: Managed Care Offset	In the columns titled "January", "February", and "March", enter the Managed Care Program offset amounts from January through March 2012, respectively.			
	d.	Total Sales Tax Revenue	Enter the total of lines 1a, less 1b, and 1c.			
2.		unty/City Matching Funds Mental Health Match W & I Code Sec. 17608.05	In the columns titled "January", "February", and "March"" enter the amount of local matching funds deposited from January through March 2012, respectively, in accordance with the schedule developed by the State Department of Mental Health.			
	b.	Vehicle License Fees W & I Code Sec. 17608.10(b)	There is no Vehicle License Fee Match to Report			
	C.	Vehicle License Collection allocation	In the column titled "January" enter the amount deposited in January 2012.			
	d.	Total Matching Funds	Enter the total of lines 2a, 2b, and 2c.			
3.	Other (identify)		Enter and identify all miscellaneous deposits.			
4.	То	tal Funds Deposited	Enter the total of lines 1d, 2d, and 3.			

#### Disbursements

nents						
5.	Transfers to Operating Funds	Enter the total amounts transferred to other funds for spending purposes.				
6.	Other (identify)	Enter and identify any other disbursements made during the first quarter.				
7.	Total Funds Disbursed	Enter the total of lines 5 and 6.				

#### **Transfers**

W & I Code Sec. 17600.20

8. Transfers In (Out) to Other Enter the transfers In (Out) between trust fund accounts. Trust Funds

## Office of the State Controller of California Division of Accounting and Reporting Report of Local Health and Welfare Trust Funds Mental Health Trust Fund

3rd Quarter Report for the 2011-12 Fiscal Year

For the County/City of	
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DEPOSITS	January	February	March	Total		
1. Sales Tax						
a. Allocation						
b. Less: State Hospital Offset						
c. Less: Managed Care Offset						
d. Total Sales Tax Revenue						
2. County/City Matching Funds						
a. Mental Health Match						
b. Vehicle License Fees						
c. Vehicle License Collection Allocation						
d. Total Matching Funds						
3. Other (identify)						
4. Total Funds Deposited						
DISBURSEMENTS						
5. Transfers to Operating Funds						
6. Other (identify)						
7. Total Funds Disbursed						
TRANSFERS						
8. Transfers in (out) to						
Other Trust Funds						
Questions concerning the preparation of this Telephone No. ()		ed to				
Certification:						
As Mental Health Director for the County/Cit	v of	l certify	that the amounts stated or	this report are true		
As Mental Health Director for the County/City of, I certify that the amounts stated on this report are true, accurate, and complete.						
Mental Health Director	() Telen	hone No.	 Date			
As Auditor-Controller for the County/City of		, I con	cur with the Mental Health [	Director that the amounts		
stated on this report are true, accurate, and	complete.					
	( )					
Auditor-Controller		none No.	Date			

## **HEALTH TRUST FUND INSTRUCTIONS**

## Instructions for the 2011-12 Third Quarter Report

- ◆ Reports must be returned by September 17, 2012, to the State Controller's Office, Division of Accounting and Reporting, Local Apportionments Section, P.O. Box 942850, Sacramento, CA 94250.
- Reports are to be signed by the Director of Health and the County/City Auditor-Controller.
- Report 2011-12 third quarter deposits made January through March 2012.
- ◆ Refer to the remittance advice received with your payments and reconcile with the payment amounts available on the State Controller's Office Website, WWW.SCO.CA.GOV. Call John Bodolay @ 916-323-2154 for help.
- ♦ Do not enter amounts in gray areas.

#### **Deposits**

1. Sales Tax

a. Allocation

W & I Code Sec. 17603

In the columns titled "January", "February", and "March", enter the

total amounts deposited January 27, February 27, and

March 27, 2012, respectively.

b. Less: CMSP Offset W & I Code Sec. 17603.05 In the column titled "January", enter the amount of the County Medical Services offset from January 2012, respectively. Note: Counties making direct payments

0- and refer to line 6.

c. Total Sales Tax Revenue

Enter the total of lines 1a, less 1b.

2. County/City Matching Funds

a. Health Match W & I Code Sec. 17608.10(a) In the columns titled "January", "February", and "March", enter the amount of local matching funds deposited from January through March 2012, respectively, in accordance with the schedule shown

in W & I Code Section 17608.10.

b. Vehicle License Fee W & I Code Sec. 17608.10(b)

i. AllocationW & I Code Sec.17604

In the columns titled "January", "February", and "March", enter the amount of county/city matching funds deposited January 27, February 27, and March 27, 2012, respectively, as Vehicle License Fees.

ii. Less: CMSP Offset W & I Code Sec. 17604.05 In the columns titled "January", "February", and "March", enter the amount of the County Medical Services Program offset from January through March 2012. respectively.

Note: Counties making direct payments should enter -0- and refer to line 6.

c. Total Matching Funds

Enter the total of line 2a, 2b(i), less 2b(ii).

3. Other (identify)

Enter and identify all miscellaneous deposits.

4. Total Funds Deposited

Enter the total of lines 1c, 2c, and 3.

## Disbursements

Transfers to Operating Funds

Enter the total amounts transferred to other funds for spending purposes.

6. CMSP Payments

Enter the amounts from counties/cities making direct CMSP payments to the Department of Health Services.

7. Other (identify)

Enter and identify any other disbursements made during the first quarter.

Total Funds Disbursed

Enter the total of lines 5, 6, and 7.

### Transfers

 Transfers In (Out) to Other Trust Funds, W & I Code Sec. 17600.20 Enter the transfers In (Out) between trust fund accounts.

# Office of the State Controller of California Division of Accounting and Reporting Report of Local Health and Welfare Trust Funds Health Trust Fund

3rd Quarter Report for the 2011-12 Fiscal Year

For the County/City of\_\_\_\_\_

Deposits	January	February	March	Total		
1. Sales Tax						
a. Allocation	-					
b. Less: CMSP Offset						
c. Total Sales Tax Revenue						
County/City Matching Funds						
a. Health Match						
b. Vehicle License Fee						
i. Allocation						
ii. Less: CMSP Offset						
c. Total Matching Funds						
Other (identify)						
4. Total Funds Deposited						
DISBURSEMENTS						
5. Transfers to Operating Funds						
6. CMSP Payments						
7. Other (identify)						
8. Total Funds Disbursed						
TRANSFERS						
Transfers in (out) to     Other Trust Funds						
Other Trust Fullus				<u> </u>		
Questions concerning the preparation of th	is report should be direct	ted to				
Telephone No. ()						
Certification:						
As Health Director for the County/City of		. I certif	v that the amounts stated on t	his report are true.		
As Health Director for the County/City of, I certify that the amounts stated on this report are true, accurate, and complete.						
•						
Health Director	() Talar	phone No.	 Date			
As Auditor-Controller for the County/City of		, I co	ncur with the Health Director t	hat the amounts		
stated on this report are true, accurate, and	d complete.					
	( )					
Auditor-Controller	/ Tele	phone No.	Date			

## SOCIAL SERVICES TRUST FUND INSTRUCTIONS

## Instructions for the 2011-12 Third Quarter Report.

- ◆ Reports must be returned by September 17, 2012, to the State Controller's Office, Division of Accounting and Reporting, Local Apportionments Section, P.O. Box 942850, Sacramento, CA 94250.
- Reports are to be signed by the Director of Social Services and the County Auditor-Controller.
- ♦ Report 2011-12 Third quarter deposits made January through March 2012.
- ◆ Refer to the remittance advice received with your payments and reconcile with the payment amounts available on the State Controller's Office Website, WWW.SCO.CA.GOV. Call John Bodolay @ 916-323-2154 for help.
- Do not enter amounts in gray areas.

## **Deposits**

1. Sales Tax

a. Allocation In the columns titled "January", "February", and "March", enter the total amounts deposited January 27, February 27, and

March 27, 2012, respectively.

2. Vehicle License Fees

a. Vehicle License Fees In the columns titled "January", "February", and "March", enter the

Annual Base total amounts deposited January 27, February 27, and

W & I Code Sec. 17604 March 27, 2012, respectively.

3. CalWORKs Maintenance of Effort

a. Allocation In the columns titled "January", "February", and "March", enter the

W & I Code Sec. total amounts deposited January 27, February 27, and

17601.20(a) March 27, 2012, respectively.

4. Other (identify) Enter and identify all miscellaneous deposits.

5. Total Funds Deposited Enter the total of lines 1a, 2a, 3a and 4.

**Disbursements** 

6. Transfers to Operating Funds Enter the total amounts transferred to other funds for spending purposes.

7. Other (identify) Enter and identify any other disbursements made during the first quarter.

8. Total Funds Disbursed Enter the total of lines 6 and 7.

**Transfers** 

9. Transfers In (Out) to Other Enter the Transfers In (Out) between trust fund accounts.

Trust Funds

W & I Code Sec. 17600.20

## Office of the State Controller of California Division of Accounting and Reporting Report of Local Health and Welfare Trust Funds Social Services Trust Fund

3rd Quarter Report for the 2011-12 Fiscal Year

DEPOSITS	January	February	March	TOTAL		
1. Sales Tax						
a. Allocation						
2. Vehicle License Fees						
a. Vehicle License Fees Annual Base						
CalWORKs Maintenance of Effort						
a. Allocation						
4. Other (identify)						
5. Total Funds Deposited						
DISBURSEMENTS						
6. Transfers to Operating Funds						
7. Other (identify)						
8. Total Funds Disbursed						
TRANSFERS						
9. Transfers In (Out) to						
Other Trust Funds						
Questions concerning the preparation of	f this report should be directe	d to				
Telephone No. ()						
	· · · · · · · · · · · · · · · · · · ·					
Certification:						
As Social Services Director for the County of, I certify that the amounts stated on this report are true,						
accurate, and complete.						
	( )					
Social Services Director Telephone No. Date						
As Auditor-Controller for the County of, I concur with the Social Services Director that the amounts stated						
on this report are true, accurate, and complete.						
	()	<del></del>				
Auditor-Controller	Telephone	No.	Date			